



WAGES I AID STATEMENT			TOF
PROJECT NUMBER	PROJECT NAME		
NAME OF COMPANY			
NAME OF MANAGER			
NAME OF YOUTH			
YOUTH SOCIAL SECURITY NUMBER		EMPLOYER ID NUMBER	
TOTAL NUMBER OF HOURS WORKED		RATE OF PAY (IF A CHANGE IN THE RATE OF PAY OCCURS PLEASE NOTE THE HOURS FOR EACH.)	
REGULAR (	OVERTIME		
TIME FRAME INCLUDED IN REPORT		TOTAL (CONTRIBUTION) PAID	
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EMPLOYEE'S SIGNATURE			DATE COMPLETED
PROJECT DIRECTOR'S SIGNATURE			DATE COMPLETED
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MO 419-2862 (3-07)